

## APPLICATION DATA SHEET

### I. Application Information

- (a) Application type : **Regular**
- (b) Subject Matter (check one):
1. ☒ Utility
  2. ☐ Design
  3. ☐ Plant
- (c) Title of Invention : **DISINTEGRATOR WITH POWER TRANSMISSION APPARATUS, AND USE THEREOF**
- (d) Attorney Docket Number : **RR-600 PCT/US**
- (e) Total Drawing Sheets : **8**
- (f) Small entity (check one) :
1. ☐ Yes
  2. ☒ No

### II. Applicant Information

#### 1. INVENTOR ONE

First Name:	<b>Tor</b>
Middle Name:	
Last Name:	<b>BERDAL</b>
Name Suffix (Jr., Sr., III, etc.):	

#### RESIDENCE

City:	<b>Sandvika</b>
State/Province:	
Country:	<b>NORWAY</b>

#### MAILING ADDRESS

Street:	<b>Solhaugveien 88A</b>
City:	<b>Sandvika</b>
State/Province:	
Country:	<b>NORWAY</b>
Postal or Zip Code:	<b>NO-1337</b>

## **APPLICATION DATA SHEET (con't)**

### **II. Applicant Information (con't)**

#### **2. INVENTOR TWO**

First Name:	<b>Erik</b>
Middle Name:	<b>HOLST</b>
Last Name:	<b>LARSEN</b>
Name Suffix (Jr., Sr., III, etc.):	

#### **RESIDENCE**

City:	<b>Asker</b>
State/Province:	
Country:	<b>NORWAY</b>

#### **MAILING ADDRESS**

Street:	<b>Øvre Frydendal 11</b>
City:	<b>Asker</b>
State/Province:	
Country:	<b>NORWAY</b>
Postal or Zip Code:	<b>NO-1384</b>

#### **3. INVENTOR THREE**

First Name:	<b>Terje</b>
Middle Name:	
Last Name:	<b>DEHLI</b>
Name Suffix (Jr., Sr., III, etc.):	

#### **RESIDENCE**

City:	<b>Asker</b>
State/Province:	
Country:	<b>NORWAY</b>

#### **MAILING ADDRESS**

Street:	<b>Drengsvei 46</b>
City:	<b>Asker</b>
State/Province:	
Country:	<b>NORWAY</b>
Postal or Zip Code:	<b>NO 1385</b>

## **APPLICATION DATA SHEET (con't)**

### **INVENTOR FOUR**

First Name:	<b>Bernt</b>
Middle Name:	
Last Name:	<b>SAUGEN</b>
Name Suffix (Jr., Sr., III, etc.):	

### **RESIDENCE**

City:	<b>Lommedalen</b>
State/Province:	
Country:	<b>NORWAY</b>

### **MAILING ADDRESS**

Street:	<b>Burudveien 57</b>
City:	<b>Lommedalen</b>
State/Province:	
Country:	<b>NORWAY</b>
Postal or Zip Code:	<b>NO-1350</b>

### **III. Correspondence Information**

Correspondence Customer Number	: 020427
Name	: Rodman & Rodman
Street of Mailing Address	: 7 South Broadway
City of Mailing Address	: White Plains
State or Province of Mailing Address	: New York
Postal or Zip Code	: 10601
Phone Number	: (914) 949-7210
Fax Number	: (914) 993-0668

### **IV. Representative Information**

Representative Customer Number	: 020427
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### **V. Domestic Priority Information**

Application	Continuity Type	Parent Application Number	Parent Filing Date MM/DD/YY
This application is	CON/DIV/CIP of		

## **APPLICATION DATA SHEET (con't)**

### **VI. International Priority Information**

International Application	Type	Application Number	File Date MM/DD/YYYY
<b>This application is</b>	<b>National Stage of</b>	<b>PCT/NO 2004/000178</b>	<b>06/17/2004</b>

### **VII. Foreign Priority Information**

Country	Application Number	Filing Date MM/DD/YYYY	Priority Claimed (Yes or No)
<b>NORWAY</b>	<b>20032814</b>	<b>06/19/2003</b>	<b>Yes</b>

### **VIII. Assignee Information**

ASSIGNEE NAME: **TOMRA SYSTEMS ASA**

ADDRESS

Street:	<b>Drengsrudhagen 2</b>
City:	<b>Asker</b>
State/Province:	
Country:	<b>NORWAY</b>
Postal or Zip Code:	<b>NO-1385</b>